

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name Los Angeles County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nancy Herrera			
Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 165

Event Description: LA Philharmonic Date(s) 11 / 16 / 18 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

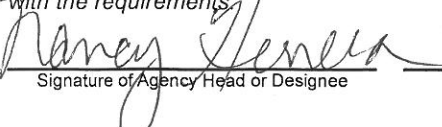
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


 Signature of Agency Head or Designee

 Nancy Herrera
 Print Name

 Ticket Administrator
 Title

 12/20/18
 (month, day, year)

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 165 & 99

Event Description: LA Philharmonic Date(s) 11 / 24 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

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 Nancy Herrera Ticket Administrator 12/20/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: 2-Orchestra & 2 Terrace

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1. Agency Name Los Angeles County <hr/> Division, Department, or Region (if applicable) Board of Supervisors, Fourth District <hr/> Designated Agency Contact (Name, Title) Nancy Herrera <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>(213) 974-4444</td> <td>nherrera@bos.lacounty.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	(213) 974-4444	nherrera@bos.lacounty.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> California Form 802 For Official Use Only </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
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(213) 974-4444	nherrera@bos.lacounty.gov					

2. Function or Event Information

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Event Description: LA Philharmonic Date(s) 11 / 25 / 18 _____/_____/_____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall
Name of Source

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 Signature of Agency Head or Designee	Nancy Herrera Print Name	Ticket Administrator Title	12/20/18 (month, day, year)
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Comment: _____

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Provide Title/Explanation

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 Signature of Agency Head or Designee

 Nancy Herrera
 Print Name

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 Title

 12/20/18
 (month, day, year)

Comment: _____